

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10594295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12	1		1			
13		1		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19	1		1			
20		1		1		
21		2		1		
22		2		1		
23		2		1		
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25		2		1		
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27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33	1		1			
34		1		1		
35	1					
36		1		1		
37		2		1		
38						
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←	28	←		←	
TOTAL CLAIMS		32				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						